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SERIAL NUMBER 10/772,122	FILING DATE 02/04/2004 RULE	CLASS 056	GROUP ART UNIT 3671	ATTORNEY DOCKET NO. C136.12-0016
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APPLICANTS

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** CONTINUING DATA *****

*None**AT*

** FOREIGN APPLICATIONS *****

*None**AT*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/05/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	ND	3	8	2
Verified and Acknowledged	Examiner's Signature <i>AJ</i> Initials <i>8/5/04</i>				

ADDRESS

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TITLE

High capacity sickle section

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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